Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073





FOR INSTRUCTIONS, SEE BACK OF FORM

Fax. 515-261-4075	DISCLOSURI	E SUMMARY PAGE	- / .	PM 6.29
COMMITTEE NAME (Must b	e same as on Statement of Or	ganization)	7 200	19 JUN 30 AM 8: 17
Friends of Jason Schultz				FORM
(1)Statewide/Legislative/Judge (4)County Central Committee (9	of committee you are reporting for Standing for Retention Candidate 5)County Candidate (6)City Can ty PAC (9)City PAC (10)School	r: 1 (2)State PAC (3)State Party dididate (7)School Board or Other Political Board or Other Political Subdivision PAC ((F	DR-2 Rev. 07/2007) DISCLOSURE REPORT Or Office Use Orlly Domm. # 7/5
CANDIDATE COMMITTEES Candidate Name Jason Schultz Office Sought Iowa House of Representa		Political Party (if applicable) Republican District (if Senate or House) 55	Lo So Co	gged In canned
Late reports are subject to possi	H	Pursuant to Iowa Code sections 68B.32A(7 712-676-2109 TELEPHONE		A.401(3), the candidate, for a 6 - 29 - 9 DATE SIGNED
AM FILING A Pre-General I	Election 2008	REPORT FOR (1) ELECTION /(2	NON-E	LECTION YEAR.
(re	eport date)	Indicate by #		
CHECK IF AMENDMENT TO	O REPORT DATED Pre-Gen	eral Election 2008		nittees, enter Date of Election
☐ Check if this is final (termina (You must continue to	ation) report and attach Notice o file reports until a DR-3 is file	ω \		ocal Committees, enter County in ion is held
STATEM	ENT OF CASH ON HAN	D		
committee. This amo	ning of the reporting period. (T ount MUST be the same as the eriod or must be zero if this is	otal of all funds held by the e cash on hand at the end ১ ৬ ৬৪, ১৭৭, first report filed.)	70 \$	3,214.70
ADD TOTAL MONEY	TAKEN IN THIS PERIOD			
Schedule A: Cash Co	ontributions total (Attach Sche	dule A) (*also see in-kind below)		1,200.00
Schedule F: Loans R	Received total (Attach Schedule	e F)		
Schedule H: Total Sa	ales of Campaign Property (Att	tach Schedule H)		
(Schedule H	l applies to Candidates' Com	nmittees Only) SUB-TOTAL	\$	4,414.70
	MONEY SPENT THIS PERIOR			2,676.25
Schedule 5: Loop Po	nures total (Attach Schedule B	() (**also see debts and loans below)		
Scriedule F. Loan Re	this reporting period (if final re	ule F)	\$	1,738.45
AGIT ON TIARD at the chalor	this reporting period (in linear re	port balance must be zero,	Ψ	
,	·	adula E)		823.81
		edule E)		043.01
CONSULTANT BREAKDOWN		ule F)	Ф	YES NO
				_ TES NO
CANDIDATE COMMITTEES O	VNLT: PERTY (From Schedule H - Att	ach Schedule H)	\$	
	·			
TIVIE COMMINITIEES: 200m	it a reconciled campaign accor	unt bank statement in January of each y	cal.	

Updated to reflect Cash on Hand.

CAMPAGE THE AND

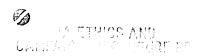
2009 JUN 30 AM 8: 17

2008 OCT 31 PM 1: 37

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A



510 E. 12", 5te, 1A Des Moines, Iowa 50319 Fax: 515-281-4079	FOR INSTRUCTIONS DISCLOSURE S	S, SEE BACK OF FORM SUMMARY PAGE	-	
COMMITTEE NAME (Must be	same as an Statement of Organ		FORM	
IMPORTANT: Indicate by # type (1) StatemidarLegislative/Judge \$ (4) County Central Committee (\$ Subdivision Candidate (\$) Count 11) Local Baliot Leaue	ly PAC (1)City PAC (10)School S)State PAC (3)State Party ate (7)School Board or Other Political card or Other Political Subdivision PAC	DR-2 (Rev. 07/2007	
CANDIDATE COMMITTEES Candidate Name Candidate Name Committees Comm	ultz	Political Party (if applicable) Population (if Senate or House)	Scanned Computer Audited	2005
Late reports are subject to possible to po	ible civil and criminal penalties. Pur	TELEPHONE		e candidate, for a
I AM FILING A Triday A	report date)	REPORT FOR (1) ELECTION Indicate by #		
CHECK IF AMENDMENT	TO REPORT DATED		Local Committees, untr	or Date of Election
Charle # this is final (term)	nation) report and attach Notice o	of Dissolution Form DR-3.	County & Local Commi which Election is held	itees, enter County in
(You must continue	to file reports until a DR-3 is filed	l.) [William Committee	
(You must continue	to file reports until a DR-3 is filed	,	Wildi	
(You must continue STATE! CASH ON HAND at the begin	MENT OF CASH ON HANI	Dotal of all funds held by the		095.87
CASH ON HAND at the beging of the last reporting	MENT OF CASH ON HANG inning of the reporting period. (To mount MUST be the same as the period or must be zero if this is f EY TAKEN IN THIS PERIOD	otal of all funds held by the cash on hand at the end irst report filed.)	s <u>7</u> 0	495.87 ∞
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For Instructions, See Back of Form

ONTRIBUTIONS MONEY TAKEN IN		(Rev. 07/03)	RECEIPTS
(Including candidate's personal funds)		☐ CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		AME	NDING FORM
Friends of Jason Schultz		·	•

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAG (POLITICAL ACTION COMMITTEE), LIST THE PAG IDENTIFICATION NUMBER AND THE PAG CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	RECEIVED	FUND- RAISER INCOME
0.23-08	ID# 12 118 CK# 2015	Take Optometric Association PC, 1454 30th 34. Ste. 204 1464 DBM MARRIE & FD ZEE G BU.T. LO. PAC 9800 NW General.		\$260 ^{,50}	
10-24-08	CK# 3813	8600 NW WineAre.		1000:00	
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<u> </u>	ID#				
	CK#				
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	CKS	·			
		TOTAL (if last page	SUB-TOTAL	s 1200°	

* Oteologure taw requires candidate committees to disclose the relationship of any relative mailing a contribution to the committee. Relationship must be shown to the third degree of consenguinty (blood relatives) and effinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)



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FOR INSTRUCTIONS, SEE BACK OF FORM

ACCOUNT

SCHEDULE B MONETARY (Rev. 07/03) EXPENDITURES

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE 10WA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as an Statement of Organization) Of Schultz miends ason PURPOSE (DESCRIBE TRANSACTION) NAME AND ADDRESS TO WHOM CANDIDATE EXPENDED EXPENDITURE ID NUMBER DATE (Disburgement) WAS MADE EXPENDED (MM/DD/YR) (if applicable) AND PAC CHECK NUMBER 405.°° Danison Bulletin Reusen Paranase of Ad 10.15.0B 140 Breedway Denison, 74 51442 Sepace. CK# 1015 172.50 Purchase of Ad Holston Advance 10 15-08 503 S. Main 8t . CK#1016 Hokkin, tea 51025 157.50 Mapleton Press Rurchase of Ad ID# 10-15-08 504 Main 3th Stace. CK#1017 Markton, IA 51034 229.50 Ruchase of Ad Fida County Courier 10.1508 710 2nd st. CK# 1018 Doce. HARME, IA 6445 160.00 Purchase of Ad IO# Anthon Sioux Valley New 10·15·08 26e 6. Main 8+. Space. CK# 1019 tothen, IA 51004 Donbuy Ruslew 209 Thomas St. 75,00 ID# Ruchase of Ad 10-15-08 Stoce . CK# 1020 Danbury, IFA 51019 662.94 Mailer Development & OP Artisting Zuto Perentue. ID# printing. RO-1 6608 CK# [07.1 Muccotine, 5th 62.761 823.81 ID# Republican 18thy of Fews Contribution to 10-14-08 621 6. 9th 51 Shate Buty CK# 1022 Des Monco , 774 60300 SUB-TOTAL \$2676.25 TOTAL (If last page of this schedule)

THIS BAY ADDI		

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(i).)

Page _____ of ____

(for Schedule B)



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FOR INSTRUCTIONS, SEE BACK OF FORM COMMITTEE NAME (Must be same as on Statement of Organization)					SCHEDULE E (N-KIND (Rev. 06/97) CONTRIBUTIONS		
I _	Make (Must be same as on Statement of Organiza	CHECK 1					
				AMENDI	GFORM		
DATE		RELATIONSHIP	DESCRIPTION	ESTIMATED	√ IF FOR		
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE "(if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION		
10/28/08	Republican Brty of Journ 1821 E. 9th 8th Day Moines, BA 60809		Belage.	823. ⁵¹			
			SUBLICITAL	1 8			

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consunguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

823.en

TOTAL (If Imat

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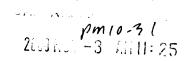
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A



Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS,	UMMARY PAGE		
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COMMITTEE NAME (Must be	same as on Statement of Organiz	auon)	FORM	
	ason Schultz		DR-2	DISCLOSURE
(1)Statewide/Legislative/Judge (4)County Central Committee (5)Subdivision Candidate (5)Count (1) Local Ballot Issue	of committee you are reporting for: Standing for Retention Candidate (2)\$ 5)County Candidate (6)City Candidate try PAC (8)City PAC (10)School Bos	a (7) Sichool Board Of Cliner Fyliker	(Rev. 07/2007) For Office Use C	
CANDIDATE COMMITTEES	ONLY:	Political Party (if applicable)	Logged In Scanned	
Candidate Name	41+2	Roublican	Computer _\//	RS WRS
Office Country		District (if Senate or House)	Audited	3.09 6
House of Repre	sentatives	<u>HD55</u>] [_ <i>4 p</i>	ags -
Jason Schu	ible civil and criminal penalties. Pursu	iant to lowa Code sections 68B.32A(7		candidate, for a
SIGNATURE OF PERSON FI	LING REPORT			
,	raport date) See	Indicate by #		
CHECK IF AMENDMENT	TO REPORT DATED	rended report	ocal Committees, enter	Date of Election
Check if this is final (termin	nation) report and attach Notice of to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County & Local Committee which Election is held	es, enter County in
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File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073





FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) **FORM** DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 07/2007) REPORT (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political For Office Use Only Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Political Party (if applicable) Scanned $\mathcal{N}O\mathcal{N}$ Computer Office Sought District (if Senate or House) Audited TOUSE OF Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a 112) 676-2109 TELEPHONE SIGNATURE OF PERSON FILING REPORT Receding General, 2008 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # | 1 ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)........... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

SCHEDULE

(Rev. 07/03)

MONETARY

(for Schedule A)

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM tiends of Jason Schultz

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	DAC ID AH IMPED	NAME AND ADDRESS OF AGAING TO THE			
DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
10.23.08	1D# (211/8	Taxa Optometric Association Ptc		\$2 00,00	
	CK# 2615	Taxa Optometric Association Ptc 1454 30th St. Ste. 204 West Desmothes IA 50766 By. I. L.D. PAC 8800 NW 62 na Ave. Johnston, IA 50131		* 260·	
10-24-08	ID# (4056	BU.T.LD. PAC		1 000 0.00	
W 21 30	CK# 3813	laborator TA Sous !			
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* Diselect		TOTAL (if last page	-	\$1200°	
committee. Relation	onship must be shown to th	es to disclose the relationship of any relative making a contribution the third degree of consanguinity (blood relatives) and affinity (relatives) are applied to but the spirit sections of a conditions.	ves by	1 .	1
familial relationshi	p, enter "not applicable"	e same as candidate, but there is no in the relationship column.	Pag	eof (for Schedule A	

FOR INSTRUCTIONS, SEE BACK OF FORM

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100		e Contin		minido	gent (C	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Thie	nds of	Jason Schultz		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.15.08	ID# CK# 10 V 5	Denison Bulletin Review 1410 Broadway Denison, IA 51442	Purchase of Ad Space.	405.°°°
10 15-08	ID# CK# !0!	Holstein Advance 503 S. Main 8t. Holstein, #A 51025	Purchase of Ad Space.	172 .50
10.15.08	CK#1017	Mapleton fress 504 Main St. Mepleton, IA 51084	Rurchase of Ad Space.	157.50
10.1508	CK# 1018	Fda County Courier 210 2nd St. EdoGrave, IA 51445	Ruchase of Ad Space.	229.50
10.15.08	CK# 1019	Anthon Sioux Valley News 1266. Main St. Anthon, IA 51004	Ruchase of Ad Space.	160.00
10-15-08	1020	Danlary Review 2091 Thomas St. Danlary, IA 51019	Perchase of Ad Space.	75.00
101608	ID# CK# [OZ.1	OP Ariting ZULD Park Ave. Muccatine, E.A. 51.761	Mailer Development & printing.	662.94
10.16.08	ID# 9 (6)	Republican Boty or Towa 621 6.9th St. Des Manus, 27 50309	Contribution to State Party	823.81
			2::2	

TOTAL (if last page of this schedule)

\$2676.25

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1	1	of		
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SUB-TOTAL

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHE	DULE	0.140.15
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev	. 06/97)	IN-KIND CONTRIBUTIONS
Friends of Jason Schultz			THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10 /28/08	Republican Party of Iowa Lez 1 E. 9th 8th Des Moines, IA 50309		Postage	\$823. ⁸¹	
SUB-TOTAL TOTAL (if last page of this schedule)				\$ 823.81	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____ (for Schedule E)